



For Department of Ecology Use

UIC Site ID _____ Date Entered _____ Acknowledged _____ WRIA _____

Please complete to the best of your knowledge and return to: UIC Coordinator, Department of Ecology, PO Box 47600, Olympia, WA 98504-7600. Fax (360) 407-6426. Attachments may be used to provide additional information. Call (360) 407-6616 if you have any questions. Thank you.

INJECTION WELL CLOSURE NOTIFICATION FORM

1. Facility: _____ UIC Site ID _____
Address: _____ City _____
Zip: _____ County _____ Phone _____
2. Township _____ Range _____ Section _____ $\frac{1}{4}$ Section _____ $\frac{1}{4}$ $\frac{1}{4}$ Section _____
Cross Streets: North/South _____ East/West _____
Latitude _____ Longitude _____
Other: _____
3. Contact: _____ Phone _____
Address: _____

4. Owner/Operator: _____ Phone _____
Address: _____

5. Cleanup Type: CERCLA/ RCRA MTCA Independent/ or Order/ or _____
6. Water Discharge Permit Number: _____ Issued By _____
7. Date Use Stopped: _____ Permanent closure date: _____
8. Number/ Description of Active Wells, Closed Wells and Closure method: _____

9. Property/Source Area Description: _____

Contamination Sources _____

10. Injected Fluid: _____ Volume _____ gallons per day

Treatment/Pollution Prevention Methods _____

11. Distance to ground water from bottom of well: _____

12. Geology: _____

13. Comments: _____

14. Location Sketch

15. Completed by: _____ Date: _____